

CLAIMS ONLY

Application Number

101751870

Filing Date

3/4/84

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|-----------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | / | | | | | |
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| 50 | | | | | | |
| Total Indep | 5 | | | | | |
| Total Depend | 15 | | | | | |
| Total Claims | 20 | | | | | |

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| * | | | | * | | |
| 51 | | | | Indep | Depend | |
| 52 | | | | Indep | Depend | |
| 53 | | | | Indep | Depend | |
| 54 | | | | Indep | Depend | |
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| 98 | | | | Indep | Depend | |
| 99 | | | | Indep | Depend | |
| 100 | | | | Indep | Depend | |
| Total Indep | | | | Indep | Depend | |
| Total Depend | | | | Indep | Depend | |
| Total Claims | | | | Indep | Depend | |